



## Alcimededes

Ketamine is used medically as an anaesthetic but became a controlled drug in the UK in 2006 and is increasing in popularity in the UK club scene. A recent study (*Addiction* 2009; 104: 77–87) has found that frequent ketamine users exhibit higher levels of psychopathology, including schizophrenia-like dissociative and depressive symptoms, than those using the drug less frequently. Cognitive impairment following ketamine use is confined to those who use the drug heavily. Tolerance increases very rapidly to ketamine; so users increase the dose and may inject. Dependence may occur with psychological withdrawal symptoms.

The care of patients who attempt suicide or deliberately harm themselves should include routine psychiatric and psychosocial assessment (*BMJ* 2008; 337: 1303–4) but up to 45% of patients who deliberately harm themselves leave the emergency department without an assessment by a suitably qualified healthcare professional. The type of psychiatric disorder, in particular schizophrenia and bipolar or unipolar disorders, which co-exist with a suicide attempt will substantially influence the overall risk for completed suicide (*BMJ* 2008; 337: 1328–31). More than 6% of patients discharged from psychiatric inpatient care are readmitted for an episode of self-harm within 12 months with one third of these episodes occurring in the month after discharge (*BMJ* 2008; 337: 1331–8). Health care professionals working in the custodial environment need to perform a mental state examination on all those who have recently self harmed as part of an overall risk assessment and advise the police accordingly. Detainees who have recently self harmed who remain in custody may continue to be mentally vulnerable and require the services of an “appropriate adult” or other advocate.

A recent paper (*Addiction* 2008;103:1987–93) has reported the prevalence of electrocardiographic (ECG) abnormalities in opiate addicts seeking therapy. Abnormalities were found in 61% with ST abnormalities the most frequent pathological ECG findings followed by prolongation of the QTc interval. Coronary heart disease and coronary spasms may be induced by co-abused drugs such as cocaine or amphetamine and lead to ST abnormalities. The QTc prolongation may be explained by direct effects of abused drugs such as methadone and cocaine on the resting membrane potential. The prolongation of the QTc interval increased with use of increasing numbers of abused drugs. The importance of screening patients before commencing therapy is outlined in a commentary (*Addiction* 2008;103:1994–5) on this paper with a reminder for clinicians to diagnose and actively treat co-occurring substance use disorders; advise smoking cessation; and reduce alcohol abuse as well as considering co-existent medical and mental illnesses. This may be part of a brief intervention provided to substance

misusers in custody by forensic physicians, custody nurses or paramedics.

Forensic physicians are commonly called by the police to assess individuals suspected of driving “under the influence of drugs”. In the UK a guide for medical practitioners on the Medical Standards of Fitness to Drive is published every six months (*DVLA*, February 2009; [www.dvla.gov.uk](http://www.dvla.gov.uk)). Those individuals complying fully with a consultant supervised oral methadone maintenance programme may be licensed subject to a favourable assessment and normally an annual medical review. A recent paper (*Addiction* 2009;1004:457–64) from Norway, where patients who are on an opioid assisted rehabilitation programme are also permitted to drive a motor vehicle, investigated apprehended drivers who had methadone in their blood. The researchers looked at whether there was any relationship with the blood methadone concentration and impairment as measured by the clinical test of impairment (CTI). Cases of driving involving methadone alone were very rare. In most cases benzodiazepines were found with amphetamine-type drugs the most common illegal substances, followed by cannabis derivatives. No correlation between methadone concentration and impairment as judged by the CTI was seen.

The Ottawa ankle rules are a set of guidelines to help decide whether patients with foot or ankle pain require an X-ray to diagnose a bone fracture. Now there is guidance to help with elbow fractures (*BMJ* 2008;337:a2428). The overall conclusion is that patients who cannot fully extend their elbows at presentation should be sent for radiography but that a fracture can be ruled out in the remainder who need no further tests. In the custody environment this may avoid an unnecessary transfer for an X-ray.

Stab wounds to the thorax and upper abdomen have the potential to cause pneumothorax. One commonly held belief regarding the development of pneumothorax after stabbing is that a linear stab wound may form a subcutaneous seal around the pleural wound, creating a flap and valve mechanism. This flap may subsequently stretch and permit air entry into the pleural space, creating a delayed pneumothorax that develops some time after the initial injury. Other authors suggest that a delayed presentation of pneumothorax may be the result of thrombus or adhesion of the pleura which may eventually be lost as the patient strains or coughs. A study to assess the rate of delayed pneumothorax in 185 patients who presented with stab wounds to the thorax and upper abdomen who had a negative radiological evaluation at triage found delayed pneumothorax in only two patients (*Injury* 2009;40:40–3). The authors conclude that the occurrence of delayed pneumothorax is rare and that the majority of these pneumothoraces are small, clinically asymptomatic and resolve without complications.